

DECLARATION AND POWER OF ATTORNEY

As below-named inventor, I hereby declare that: my residence, post office address, and citizenship are as stated below next to my name; that I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS DEBIT CARD
SYSTEM AND METHOD

the specification filed October 6, 1992, and having serial no. 07/956,851.

I hereby state that I have reviewed and understood the contents of the above-identified application, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

David B. Newman, Jr.

Reg. No. 30,966.

Please address all correspondence to :

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of inventor:

Donald L. Schilling

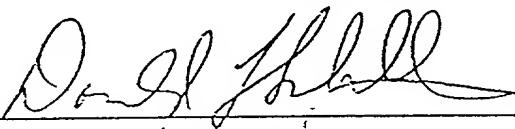
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Date: 11/17/97

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PTO/SB/82 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Known
Filing Date	Not Yet Known
First Named Inventor	Donald L. Schilling
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	I-2-74.4US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Volpe and Koenig, P.C. DEPT ICC		
Address			
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City			
Country	State		ZIP
Telephone	Fax		

I am the:

Applicant.

Assignee of record of the entire interest as recorded at Reel 6457/Frame 0674 of priority Patent No. 5,359,182

SIGNATURE of Applicant or Assignee of Record

Name	Donald M. Boles, Vice President - Intellectual Property	
Signature		
Date	6/14/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Known
Filing Date	Not Yet Known
First Named Inventor	Donald L. Schilling
Title	WIRELESS TELEPHONE DEBIT CARD SYSTEM AND METHOD
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	I-2-74.4US

I hereby appoint:

Practitioners at Customer Number

24373

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OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or
Individual Name

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest as recorded at
Reel 6457/Frame 0674 of priority Patent No. 5,359,182

SIGNATURE of Applicant or Assignee of Record

Name

Donald M. Boles, Vice President - Intellectual Property

Signature

Date

6/14/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.